

**ALABAMA MEDICAID AGENCY
INFORMATION REQUEST FORM**

To request forms, brochures, and other available program information, please complete all information below and fax the order form to **(334) 353-4193** or mail the form to:

**Alabama Medicaid Agency
Outreach and Education Unit
P.O. Box 5624
Montgomery, AL 36103-5624**

Ordered by: _____

Phone Number: _____ E-mail address : _____

Mail to:

Attention _____

Name _____

Address _____

City, State, Zip _____

<u>PATIENT 1ST PROGRAM</u>	<u>Quantity</u>	<u>EPSDT PROGRAM</u>	<u>Quantity</u>
Alabama Medicaid Referral Form (50/pad--maximum 4 pads per order)	_____	EPSDT Brochures	_____
Patient 1 st ER Brochure	_____	Child Health Medical Records (Form 172, 100/pack)	_____
Patient 1 st Video	_____	America's Youth Passport	_____
General Information Brochure	_____	<u>DENTAL PROGRAM</u>	<u>Quantity</u>
Participating PMP List	_____	Smiley Al Says.... Poster	_____
_____	_____	Small Message Posters	_____
Name of County (s) Needed	_____	Taking Care of Baby's Teeth Brochure (100/pack -- 1 pack per order)	_____
Patient 1 st Change Forms (Form 349, 50/pad)	_____	Have You Brushed Your Teeth Today? (50/ pack-- 2 packs per order)	_____
Newborn Assignment Form (Form 354, 50/pad)	_____	<u>OTHER PROGRAMS</u>	<u>Quantity</u>
		Maternity Care General Brochure	_____